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Financial Aid Scholarship Application

Dear Scholarship Applicant,

The Niagara Falls Boys & Girls Club promises to make program opportunities available to all interested people regardless of income. We have a limited amount of partial scholarships for those who might otherwise not be able to participate. Partial Scholarships will be awarded for a percentage discount, depending on the individual circumstances. All information will remain confidential.

To be eligible for a scholarship you must be registered with the NFBGC and be able to provide substantial reason and proof for financial support. Priority will be given to those living %100 below the Federal Poverty Level; all are welcome to apply. Scholarships for the NFBGC will be awarded on a first-come, first serve basis. A limited number of scholarships are available. **Please return the completed application to the administrative office - 725 17th St, Niagara Falls NY 14301.**

Member Information

| Last Name, First | Date of Birth | Age | Home Site | Extended Day or Summer Program |
|------------------|---------------|-----|-----------|--------------------------------|
| | | | | |
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If your child(ren) are participating in the extended day program, please circle which program(s):

BEFORE SCHOOL

AFTER SCHOOL

Household Income and Additional Composition

Please complete the following for all income providers in your household. Please specify the kind of additional aid you receive if applicable.

| Last Name, First | Gross Monthly Income | Additional Aid (Public Assistance/Child Support/Alimony/Unemployment etc) | Check if No Current Income |
|------------------|----------------------|---|----------------------------|
| | | | |
| | | | |
| | | | |

Please explain the need for financial assistance. You may attach another sheet if needed.

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**NIAGARA FALLS
BOYS & GIRLS CLUB**

Primary Applicant Contact Information

Please fill out the following information in print.

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Current Place of Employment: _____

Employment Phone: _____

Signature Agreement

I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and I promise to cooperate with any effort to everify the information provided. If selected to participate in the scholarship program, I promise that my household will abide by all rules and guidelines, and will pay the agreed upon fee in full. I promise that my child(ren) will attend the program a minimum of three days per week.

Parent/Caregiver/Guardian Signature _____
Date



To be completed by NFBGC Office Personnel ONLY

NFBGC Extended Day Scholarship Amount: \$ _____ Source: _____

NFBGC Summer Camp Scholarship Amount: \$ _____ Source: _____

TOTAL AMOUNTS

For Extended Day

Program Fee Before Aid: \$ _____ Monthly Fee Due: \$ _____

For Summer Camp

Program Fee After Aid: \$ _____ Weekly Fee Due: \$ _____

Total amount must be paid in full by: _____

Finance Signature: _____ Date: _____

CEO Signature: _____ Date: _____